North West **LHIN**

Integrated Health Services Plan 2013 – 2016

Ontario
Local Health Integration Network

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Executive Summary

These are times of significant transformation in Ontario's health care system. Like many other jurisdictions, the province is coming to grips with a limited resource base, an aging and more health care-reliant population, and escalating costs. In response, Ontario is pursuing an aggressive change agenda. In January 2012, the province unveiled its *Action Plan for Health Care*, a comprehensive strategy designed to deliver high quality and cost-effective health care services that are patient-centred, integrated and sustainable.

The Action Plan identifies three areas of focus:

1) Keeping Ontario Healthy
2) Faster Access and a Stronger Link to Family Health Care
3) Right Care, Right Time, Right Place

The provincial transformation agenda is being supported and driven locally by all of Ontario's 14 Local Health Integration Networks (LHINs). Every three years, LHINs are required to produce what are called Integrated Health Service Plans (IHSPs), outlining their direction and priorities for health services in their respective areas.

This is the North West LHIN's third IHSP. It has been designed to reflect provincial Action Plan priorities, as well as the unique nature of health care in Northwestern Ontario, and the specific needs of this LHIN's population, including the impact of language and cultural barriers. In creating this plan, we are building on the solid foundation that was laid with the first two IHSPs. We also relied upon data and information derived from a number of sources:

> *Health Services Blueprint* – In 2012, the North West LHIN released its Health Services Blueprint, a 10-year plan to reshape, strengthen and sustain the health care system in Northwestern Ontario. The Blueprint was informed by extensive input from health service providers and communities across the region, as well as by leading practices from other jurisdictions – all of which were also used in creating this IHSP.
>
> *Community Engagement* – All LHINs have a mandate to reflect local needs and priorities, so as a result we engage almost constantly with the communities we serve. Between 2009 and 2012, the North West LHIN engaged with 18,620 individuals, groups and organizations.
>
> *Data Support* – This plan is supported by evidence and data. Data was obtained from many sources, including administrative data sets (e.g. Discharge Abstract Database, National Ambulatory Care Records System, etc.), financial data reported by health service providers, national surveys (e.g. Canadian Community Health Survey), and other summary reports with no direct access to the underlying data. In addition, the Canadian Institute of Health Information (CIHI) and the Ontario Wait Times Information System (WTIS) provided useful information.

The North West LHIN Integrated Health Services Plan III contains a number of high level strategies designed to advance both provincial and local health system objectives over the next three years.

The North West LHIN has identified four priority areas to drive system transformation:

1) Building an Integrated Health Care System
2) Building an Integrated eHealth Framework
3) Improving Access to Care
4) Enhancing Chronic Disease Prevention and Management

Mission

Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West Local Health Integration Network (LHIN).

Vision

Healthier people, a strong health system - our future.

Values

- Person-centred
- Culturally sensitive
- Sustainable
- Collaborative
- Accountable
- Innovative

STRATEGIC DIRECTIONS:

Population Health	1. Improved health outcomes resulting in healthier people.
Care Experience	2. Access to health care that people need, as close to home as possible. 3. Continuous quality improvement.
System Cost	4. A system-wide culture of accountability.

CHAPTER 1: Introduction

Local Health Integration Networks (LHINs) were established in 2006 to manage the planning, integration, performance and funding of the health care system in Ontario. LHINs do not directly provide health care services, but work instead with health service providers and community members to set priorities and plan health services in their regions. LHINs are crown agencies that work in partnership with the Ministry of Health and Long-Term Care (MOHLTC) to address the health care needs of Ontario residents.

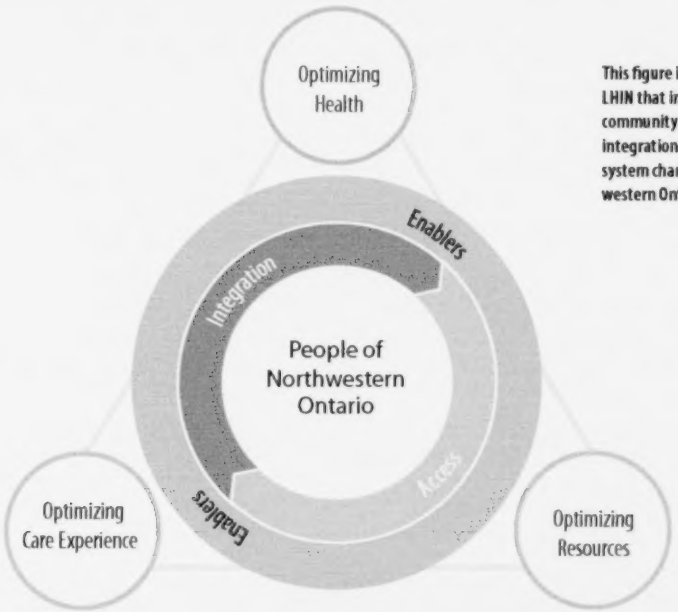
The *Local Health System Integration Act, 2006* requires all LHINs to produce three-year Integrated Health Services Plans (IHSPs) for their regions. This IHSP is the North West LHIN's third plan, outlining priorities and strategies for the three-year period April 1, 2013 to March 31, 2016. IHSP III builds upon earlier planning work and strategies implemented in the first two IHSPs.

The IHSP III establishes four priorities that will guide activities over the coming three years. These are:

- Building an Integrated Health Care System
- Building an Integrated eHealth Framework
- Improving Access to Care
- Enhancing Chronic Disease Prevention and Management

Focusing on these priorities, and continuing to work with local health service providers and key stakeholders, the North West LHIN will transform the health care system in Northwestern Ontario by strengthening community-based care, integrating services along the continuum of care, enhancing performance management and implementing innovative approaches to care delivery across our health system.

FIGURE 1. PLANNING MODEL FOR THE NORTH WEST LHIN



This figure illustrates a model for planning in the North West LHIN that incorporates the major issues identified through community engagement and data analysis (access to services, integration/coordination of services and enablers to support system change), all focused to support the people of Northwestern Ontario in achieving and maintaining their health.

CHAPTER 2: Provincial Context and Priorities

Ontario's LHINs are responsible for the allocation of about half of Ontario's approximately $22 billion in health care funding. Working with the MOHLTC, LHINs ensure that local and regional plans align with provincial priorities for the health care system. Over the past few years, it has become increasingly clear that a critical priority for the health care system must be to deploy limited resources in the most productive and efficient way possible.

Health care costs keep rising. Between 2003-04 and 2011-12, health sector funding in the provincial budget increased at an average rate of 6.1% annually, for a total increase of $17.9 billion. In order to ensure a sustainable health care system for the future, cost containment will be required.

A further driver for change is demographics. Ontario's senior population will grow by 43% in the next 10 years and will double over the next 20 years. We know that in health care terms, an aging population means greater costs.

In response to this clear imperative for change, the province unveiled *Ontario's Action Plan for Health Care* in January 2012.

The Ontario Action Plan goal is to create a 'person-centred' health care system providing evidence-based care, delivery in the right setting, and seamless coordination of care for people. The plan identifies three focus areas:

1. Keeping Ontario Healthy
2. Faster Access and a Stronger Link to Family Health Care
3. Right care, Right time, Right place

It is the responsibility of the LHINs to align their HSP IIIs with the high-level goals of the Action Plan, while still reflecting the needs of their local communities and regions. To that end, collectively the 14 LHINs have developed four system imperatives to address health care needs across the province:

- Leading with Quality & Safety
- Enhancing Access to Primary Care
- Enhancing Coordination & Transitions of Care for Targeted Populations
- Holding the Gains

Keeping Ontario Healthy

The Ontario Action Plan focuses on helping people stay healthy by supporting lifestyle changes such as drinking less and stopping smoking, tackling childhood obesity, improving cancer screening and better management of chronic conditions. LHINs, through ongoing work with local providers on chronic disease prevention and management strategies, have a strong foundation to build on in supporting this priority.

Faster Access and a Stronger Link to Family Health Care

Family health care lies at the heart of the health care system. It is ideally the first point of contact when someone needs help, outside of emergencies. The Ontario Action Plan identifies faster access to primary care, more ways to access family health care resources and the introduction of quality measures as key components of a fully integrated primary care system.

In alignment with the Ontario Action Plan, *Enhancing Access to Primary Care* is a LHIN system imperative. In addition, planning for primary care now falls under the mandate of the LHINs. As a result, LHINs are developing strategies to advance access to primary care, reduce use of hospital resources and shift care to the community.

Another LHIN system imperative is *Implementing Evidence-Based Practice to Drive Quality*. In partnership with Health Quality Ontario (HQO) and other key stakeholders, LHIN planning efforts focus on improving the quality of care using evidence to inform decision making.

Right Care, Right Time, Right Place

The Right Care is informed by evidence and clinical practice guidelines. Together with Health Quality Ontario, the LHINs will use evidence and tools to translate this into practice.

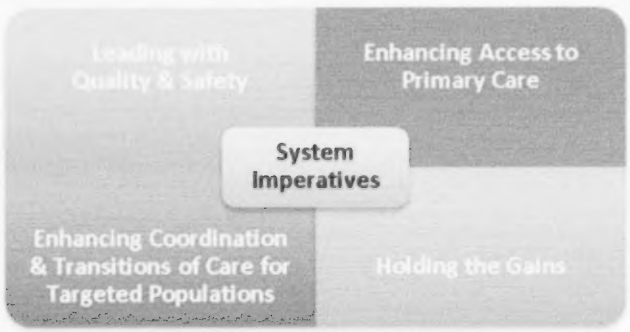
Care At the Right Time is faster access to the care patients need. The emphasis is on preventative and proactive care so chronic conditions are better managed, hospitalizations decrease and the strain in emergency rooms and inpatient beds across the province eases.

Care In the Right Place addresses several significant issues in the health care system. The most pressing challenge is the number of patients occupying hospital beds when the care they need would best be provided in the community. These patients are called Alternate Level of Care (ALC) patients. The solution here is more community-based care, notably for seniors.

The third LHIN system imperative, *Enhancing Coordination and Transitions of Care for Targeted Populations*, focuses on key populations of "high-needs" individuals and those at risk of becoming "high-needs" individuals. The goal is to improve and provide coordinated seamless care for these targeted populations. Working with hospitals and community partners, LHINs aim to transition health care services out of the acute hospital setting to more community-based programs.

A fourth LHIN system imperative, *Holding the Gains*, helps to ensure that achievements are sustained over time as new priorities are developed and implemented.

The LHIN system imperatives chart is shown below:


Leading with Quality & Safety
Enhancing Access to Primary Care
System Imperatives
Enhancing Coordination & Transitions of Care for Targeted Populations
Holding the Gains

CHAPTER 3: Overview of the Current Local Health Care System

The IHSP III is informed by the local characteristics of the population and health care system in the North West LHIN. Some analysis of this is outlined below while more detailed analysis can be found in the supporting documents appended to this report (Appendix A). In addition, all of the LHINs have produced a Common Environmental Scan that provides an overview and comparisons of the population and health care system for the province and for each LHIN[1].

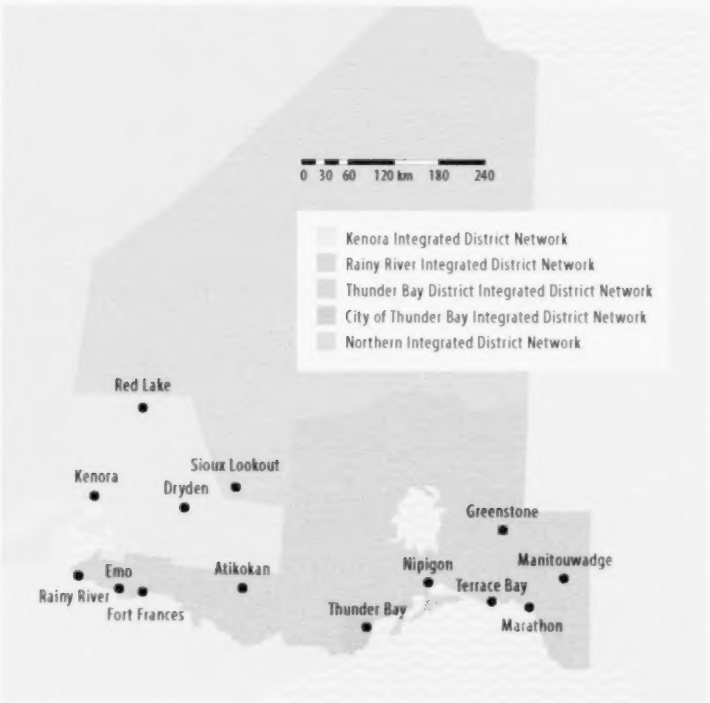
GEOGRAPHY AND POPULATION CHARACTERISTICS

Geography

The large geography and relatively small, dispersed population of the North West LHIN results in challenges to health service delivery, including access to care, health human resources, the need for extensive travel, and higher costs of care per capita. Compared to the rest of Ontario, the North West LHIN has the largest geography of any LHIN (47% of the province), and the lowest population (approximately 231,000).

Based on the recommendations of the North West LHIN Health Services Blueprint report[2], the planning areas for the North West LHIN are shifting from four sub-LHIN areas to five Integrated District Networks (IDNs)[3] (see Figure 2).

FIGURE 2. MAP OF THE NORTH WEST LHIN AREA



Population

The North West LHIN population decreased by 1.7% between 2006 and 2011[1], while the provincial population increased. Over the next few years, the younger population in the LHIN is expected to decrease, while the number of older residents will continue to grow. Overall, our LHIN is aging (see Figure 3). This changing demographic will require the North West LHIN and partners to focus on improving the care of seniors.

FIGURE 3. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF NORTH WEST LHIN POPULATION

North West LHIN IDN area	Total Population (2011 Census)	% Seniors 65+ (2011 Census)	% Aboriginal Population (2006)[1]	% Francophone Population (2006)[1]
Kenora IDN	43,135	15.5%[2]	21.8%	3.2%
Northern IDN	21,560[1]	6.6%[2]	77.8%	1.0%
Rainy River IDN	20,370	17.3%	21.7%	1.7%
Thunder Bay City IDN	121,595	17.2%	8.3%	2.8%
Thunder Bay District IDN	24,460	14.3%	19.9%	10.8%
North West LHIN Total	**231,120[1]**	**16.0%[2]**	**19.2%**	**3.5%**

Source: Statistics Canada, 2011 and 2006 Census of Population. [1]Aboriginal and Francophone Identity data for Census Divisions and Census Sub-divisions from 2011 Census are not yet released by Statistics Canada. [2] Population counts not adjusted for incompletely enumerated Indian Reserves.

HEALTH STATUS

The health status of the residents in the North West LHIN continues to be poorer than Ontario residents as a whole, even though improvements are being made in some areas. For more information about the health status of North West LHIN residents, please refer to the population health profile in the supporting documents section (Appendix A). Relative to the rest of the province, North West LHIN residents have *higher*:

- Mortality rates for all causes;
- Rates for colon and rectum cancer (at 55.1 cases per 100,000 population, compared to 39.8 cases per 100,000);
- Lung and bronchus cancer rates (56.1 per 100,000, compared to 35.7 per 100,000);
- Hospitalization rates for diabetes (208.2 per 100,000, compared to 93.1 per 100,000);
- Hospitalization rates for chronic obstructive pulmonary disease (400.0 per 100,000, compared to 183.2 per 100,000);
- Smoking rates (24.3% of residents age 12+ smoke compared to 19.0% provincially);
- Alcoholic consumption rates (21.5% of residents drink compared to 16.2% provincially); and
- Obesity rates (60.8% of adults are overweight/obese compared to 52.3% provincially).

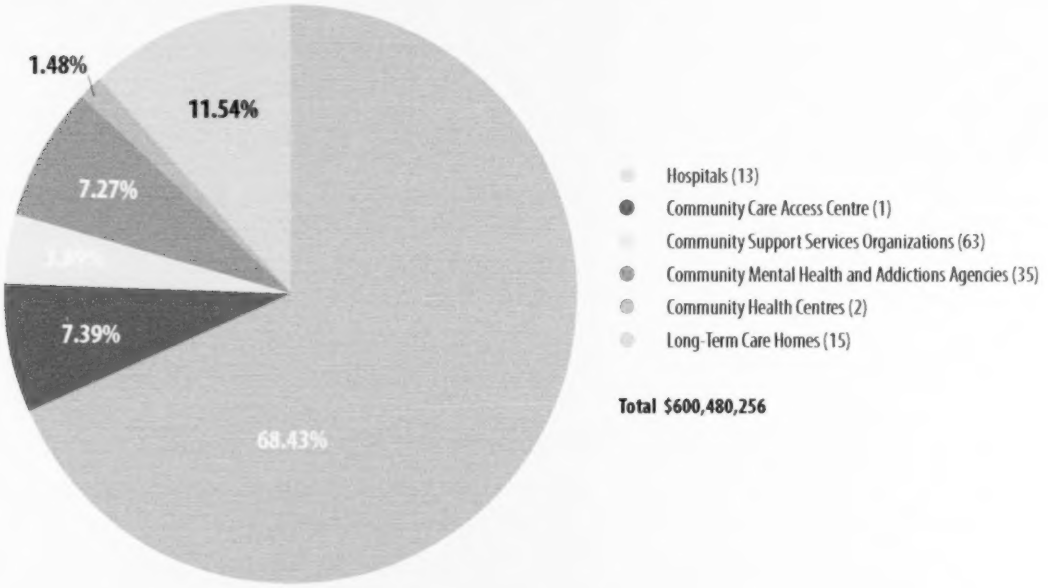
And *lower*:

- Life expectancy (76.2 years for males and 81.1 years for females compared to 79.2 years for males and 83.6 years for females provincially (2007 – 2009)); and,
- Lower percentage of residents report self-rated mental health as very good or excellent (68.1% compared to 74.1% provincially).

HEALTH SERVICES

Across the North West LHIN, health services are provided in various sectors. Although not all services are funded through the LHIN, Figure 4 below outlines the North West LHIN funding allocations for 2011/12 by sector.

FIGURE 4. NORTH WEST LHIN FUNDING ALLOCATIONS BY SECTOR, FOR 2011-12 (MINISTRY-LHIN PERFORMANCE AGREEMENT) AS OF JULY, 2012



North West LHIN Facts
- The North West LHIN budget is $600 million - We have 97 health service providers - Health care costs are 39% higher than the provincial average. - 93% of seniors want to live at home. - We have 131% higher use of the emergency department for diabetes than the provincial average.

CHAPTER 4: Framework for Planning

A great deal of research, planning, data collection and consultation went into the creation of the IHSP III, and it was informed by a number of priorities and considerations. First and foremost, the North West LHIN was guided in the making of this three-year plan by the Health Services Blueprint – a plan that spans the coming decade.

HEALTH SERVICES BLUEPRINT

The North West LHIN recently completed the Health Services Blueprint, a 10-year plan to reshape, strengthen and sustain the health care system in Northwestern Ontario. The Health Services Blueprint, which is included in the supporting documents that accompany this report (Appendix A), was informed by research and analysis of current and future health service requirements across the continuum of care.

This research and analysis revealed that the North West LHIN has a fragmented health care system with high costs, largely attributed to a high burden of preventable disease that is being cared for in the wrong setting. Simply put, there are not enough community-based health care services in Northwestern Ontario. The North West LHIN has the highest rate of acute hospital use in Ontario, and has not reduced hospital reliance to the same degree as the rest of the province. We have lower usage of out-patient programs and ambulatory clinics than elsewhere in the province. We also have a higher proportion of low frailty patients discharged to long-term care and complex continuing care than the rest of the province, and transitions and handoffs between settings are not as efficient as they could be. The Blueprint also found that the management of patients with chronic disease could be improved.

The Health Services Blueprint contains several recommendations to reduce the demand for hospital services, lower the number of emergency department visits, and improve access to care and delivery of services in the community. All of these require the creation of an integrated health system model. The model recommended by the Blueprint, and being adopted by the North West LHIN, is one in which health service providers work together to organize services and delivery of care at three levels within the North West LHIN: local, district, and regional or LHIN-wide, as described below:

Local – Local Health Hubs will be comprised of health service providers in and around specific communities. The local hubs will plan and provide health care services based on the unique needs of their community, to meet the health care needs of the population they serve and to support individuals in accessing care as close to home as possible.

District – Integrated District Networks, where multiple communities share services, will include representation from Local Health Hubs, the North West Community Care Access Centre and an acute care hospital designated as a District Health Campus. The District Health Campus will provide specialist care to patients in the district through its site or through visiting clinics and/or technology.

The Integrated District Networks will focus on providing equitable access to health care services for the residents within the district, improving health outcomes for the population and arranging for people to receive the level of care they need close to home. The services coordinated at the district level will include certain hospital surgeries and medical interventions.

Regional – Regional programs and services will ensure care is based on evidence and leading practice and will set the standards of care across the LHIN. The regional program or service may be led by a community or hospital provider, depending on the area of expertise. The regional program or service provider will have responsibility and accountability to work closely with the Integrated District Networks to disseminate best practices "close to home."

The findings and recommendations of the Health Services Blueprint closely align with the new provincial model of primary care recently announced by the Ministry of Health and Long-Term Care.

PEOPLE OF NORTHWESTERN ONTARIO

The ultimate goal of the North West LHIN is to improve the health status and care experience for those individuals living in Northwestern Ontario. The North West LHIN has adopted a population-based approach, and as a result, must consider the needs of all residents while respecting both language and culture to ensure the delivery of person-centered care planning. For that reason, while we have considered the care needs of all ages, stages and special needs of our populations, we have paid particular attention to both Aboriginal and Francophone health issues in the creation of the IHSP III.

Aboriginal Health

The North West LHIN has the highest proportion of Aboriginal people (19.2%) in the province. The health status of Aboriginal people is poorer than their non-Aboriginal counterparts on most measureable health indicators: life expectancy, infant mortality, unintentional injuries, chronic disease (e.g. diabetes, asthma, heart disease, HIV/AIDS), infectious disease (e.g. tuberculosis, pneumonia) and hospitalizations[5]. In addition, the suicide rate among First Nation, Inuit and Métis youth is between five to six times higher than the non-Aboriginal youth population[6]. Suicide is the leading cause of death for First Nations people between the ages of 10 and 44.

Access to the full range of health care services for Aboriginal people living in First Nation communities continues to be a challenge for a variety of reasons which include geography, remoteness, language, and jurisdictional issues. These barriers to care contribute to inequitable access and affect the quality of care delivered.

To address these barriers, while Aboriginal community engagement has been a priority of the North West LHIN over the past several years, greater collaboration and partnership with the Aboriginal community is still required. In addition, collaboration and partnerships are essential between and across local, municipal, provincial and federal governments to continue to improve and to integrate the delivery of health services across the care continuum.

Improving the care experience for the Aboriginal population is a priority in the North West LHIN. Key planning areas will involve developing a mental health and addictions substance abuse strategy focusing on children, youth, and adults as well as strategies to improve access to chronic disease prevention and management services to meet the population needs.

Francophone Health

Only 45% of Francophones in the North West LHIN perceive their health as very good or excellent, compared to 62% of all Francophones in Ontario[7]. In addition, the proportion of North West LHIN Francophones reporting that they have a medical doctor is significantly lower than for all Ontario Francophones (69% compared to 88%, respectively).

There are two pieces of legislation that guide French language services in Ontario – the Local Health System Integration Act and the French Language Services Act. In accordance with this legislation, the North West LHIN is working in partnership with the Réseau du mieux-être francophone du Nord de l'Ontario, which is the French Language Health Planning Entity for the North West LHIN, to engage the Francophone population. The North West LHIN intends to use a "Francophone lens" in order to interpret and work within each of the priorities. Through work with health service providers, the ultimate goal is to improve access to services in French and to achieve better health outcomes for the Francophone population in Northwestern Ontario.

Data Support

It has been said often that you can't fix what you can't measure, and we know this to be very true in health care. In order to ensure that the North West LHIN has as detailed a picture of health care in this region as possible, and as clear an impression of what needs to be done, we obtain data from a great many sources, including administrative data sets (e.g. Discharge Abstract Database, National Ambulatory Care Records System, etc.), financial data reported by health service providers, national surveys (e.g. Canadian Community Health Survey), and other summary reports.

Since 2011, the North West LHIN has had access to new data sources, which has helped to advance planning, integration and improved collaboration and partnerships across the health care system. Available sources of information include the Canadian Institute of Health Information (CIHI) Portal and the Ontario Wait Times Information System (WTIS) for Alternate Level of Care patients. The CIHI portal provides access to data from all Canadian facilities providing acute care, emergency services, inpatient rehabilitation and long-term care and complex continuing care – including utilization of services in Manitoba by residents located in Northwestern Ontario. The Alternate Level of Care WTIS allows the North West LHIN to track patients waiting for discharge to different discharge destinations in real time.

A provincial initiative was undertaken as part of the HISP III to provide a Common Environmental Scan for all LHINs. The resulting document is included in the supporting documents (Appendix A) and is referenced throughout the HISP III document. Reports produced by the North West LHIN in fiscal year 2011-12 support the planning framework and include the North West LHIN Population Health Profile (summer 2011) and the Health Profiles created for the five Integrated District Network areas (June 2012). These reports are also included in Appendix A.

Community Engagement

This is a plan for the health care system on which the people of Northwestern Ontario depend. To that end, it needs to reflect their needs and priorities. For that reason, the North West LHIN has conducted extensive and ongoing community engagement over the past three years. Between 2009 and July 2012, 18,620 individuals, groups and organizations were engaged in 2,019 activities. This engagement related to a number of activities, including the development and release of the Health Services Blueprint, local implementation of provincial strategies such as *Home First, Behavioural Supports*, and the initial roll-out of the MOHLTC's 10-year Mental Health and Addictions Strategy. They all, however, yielded feedback that was invaluable in the creation of this plan.

Integrated Health Services Plan

SURVEY

Your Region, Your Health Care, Your Voice!

More than 1200 people from across the North West LHIN responded to the survey confirming our priorities for health care services over the next three years and providing suggested actions to build a better health care system for the future. *The Your Region, Your Health Care, Your Voice!* summary report is available on the North West LHIN website.

In addition to the extensive data available from these community engagement activities in order to inform the IHSP III, the North West LHIN conducted a validation survey between August 20 and September 14, 2012 entitled *Your Region, Your Health Care, Your Voice!*

Partnerships

Real system change requires collaboration and cooperation between organizations, communities and individuals across the LHIN, and beyond Northwestern Ontario. The North West LHIN is lucky to have partners who share a strong commitment to improving the health care system and are willing and committed to work together, to help improve it. For a complete list of stakeholders, please see the *Community Engagement Strategy* in supporting documents (Appendix A).

To support planning initiatives and health system transformation, the North West LHIN has a number of Advisory Teams, Committees and Working Groups to advance each priority area identified in the IHSP III.

Governors from across the region met in the spring of 2012 to discuss the North West LHIN's Health Services Blueprint, a unique 10-year plan to reshape, strengthen and sustain the health care system in Northwestern Ontario — today, tomorrow and for the future. (see page 11 for more on The Blueprint).

NORTH WEST LHIN ADVISORY COMMITTEES

Integration Leadership Council
Emergency Department/ Critical Care Advisory Team
eHealth Advisory Committee
Aboriginal Health Services Advisory Committee
French Language Health Services Advisory Committee
Health Professionals Advisory Committee

CHAPTER 5: Priorities and Strategic Directions for the Local Health Care System

As mentioned in the introduction, the North West LHIN has identified four priority areas for change over the next three years. These were identified through ongoing community engagement, data collection, data interpretation and analysis. As mentioned earlier, they also closely aligned with the overall provincial objectives outlined in the *Ontario Action Plan for Health Care*. Priority areas for the North West LHIN are:

- Building an Integrated Health Care System
- Building an Integrated eHealth Framework
- Improving Access to Care
- Enhancing Chronic Disease Prevention and Management

The strategies identified in the Integrated Health Services Plan are intended to advance the objectives of system transformation over the next three years. They are high level strategies, the specifics of which will be refined and adjusted according to need, and unveiled in the North West LHIN's Annual Business Plan. It should be taken into account that three years is not a long time in health care. Some of the objectives for each of the priority areas identified are longer-term and will take longer than three years to achieve.

PRIORITY 1: BUILDING AN INTEGRATED HEALTH CARE SYSTEM

As noted above, the analysis in the Health Services Blueprint reveals that the North West LHIN demonstrates the characteristics of a fragmented health care system:

- The region has a high rate of preventable disease, and a system that is not effectively working to reduce risk factors and prevent the onset of chronic disease;
- Management of patients with chronic illness is not always as good as it should be;
- Because of the lack of community-based alternatives, individuals with heart failure, chronic obstructive pulmonary disease, and diabetes are admitted to hospital more frequently, with lower acuity, than other regions in the province[8];
- The Northwest has the highest rate of acute hospital use in the province because patients are visiting the hospital with health problems that could be treated in their communities at a lower cost;
- Transitions between care settings are not handled efficiently and effectively. Patients often wait too long in hospital until home care or long-term care is available. In many cases, the patients do not receive the required post-discharge support; and
- Health costs are higher in the North West LHIN. In 2009-10, health care spending in the region was 39% higher than the provincial average[9]. Our administrative costs are 36% higher than the provincial average[10]. While some of the increased cost for service may be due to the challenges of health care delivery in rural and remote settings, there is opportunity for improvement.

This analysis clearly suggests that a key priority for the IHSP III must be to build an integrated health care system for Northwestern Ontario that offers opportunities to improve health outcomes in all of the above areas.

IMPLEMENTATION PLANS:

Implementation Plan	2013/14	2014/15	2015/16
Advance North West LHIN Health Services Blueprint recommendations: • implement an integrated service delivery model at a local, district and regional level; and • increase delivery of health services in the community and virtual settings for non-acute care.	X	X	X
Improve transitions in care and develop integrated care processes for high impact programs.	X	X	X
Implement equalized distribution of health resources across districts based on standardized program allocation and population need.	X	X	X
Facilitate integrations across providers.	X	X	X
Implement standardized, quality-based care pathways and associated standardized costing models for programs/services.	X	X	X

Anticipated Results

- Improved health outcomes as a result of better system coordination and integrated care processes.
- Improved access to care through the shifting of non-acute health services out of hospital and into community settings.
- Improved access to care across the North West LHIN through more equal distribution of health resources across districts and programs.
- Improved use of system resources through integration of services and implementation of quality-based standardized models of care and associated costing.

Alignment with the Ontario Action Plan: focus on creating a "person-centred" health care system.

PRIORITY 2: BUILDING AN INTEGRATED eHEALTH FRAMEWORK

In many ways, electronic health (eHealth) needs to be viewed as more than just one of the priorities for the IHSP III, because it is in fact critical to absolutely everything we do in health care. It is no longer possible to conceive a health care system that is not dependent on information technology. From back-office activities to scheduling, from test results to drug histories, from information storage to remote health monitoring, eHealth is now an intrinsic driver of our health care system. The delivery of good quality 21st century health care is not possible without it.

While Northwestern Ontario has made significant advances in eHealth implementations, we still have a lot of work left to do:

- One of our 13 hospitals does not participate in the shared Hospital Information System;
- More than 90% of specialists in our region do not use electronic medical records (EMR);
- The majority of our hospitals are not documenting nursing notes and assessments electronically;
- We have many small organizations that do not have the eHealth/IT capabilities within their organization to integrate their systems into regional and provincial systems; and
- We have many remote communities without the infrastructure or training to support advances in eHealth.

In order to continue to advance eHealth in the region, the North West LHIN needs to continue to find innovative solutions to priority issues, put the appropriate organizational structures and service offerings in place, and collaborate as a region for cost-effective integrated solutions. We need, in other words, to build an integrated eHealth framework.

Photo credit: photo courtesy of the Ontario Telemedicine Network

IMPLEMENTATION PLANS:

Implementation Plan	2013/14	2014/15	2015/16
Increase electronic medical record (EMR) adoption and integration.	X	X	X
Expand the shared Hospital Information System for the North West region.	X	X	
Establish a provider portal for viewing patient clinical information.	X	X	
Utilize eHealth solutions to enable the achievement of clinical priorities in the region.	X	X	X
Implement initiatives aimed at advancing the goals of Ontario's eHealth Strategy.	X	X	X
Assist in the expansion of telemedicine services.	X	X	X

Anticipated Results

- Increased clinical information sharing between health service provider agencies.
- Improved accessibility of health care because of innovative technology solutions.
- More regional capacity for participating in and supporting eHealth systems and technologies.

Alignment with the provincial eHealth Strategy.

PRIORITY 3: IMPROVING ACCESS TO CARE

i) Enhancing Access to Primary Care

Improving access to primary care remains a high priority for the North West LHIN. Greater collaboration between primary care providers and local stakeholders is needed to improve communication and coordination of care. Reducing the reliance on emergency department care and providing alternate community-based services (e.g. rapid access, after-hours clinics, home visits) will support and enhance care in the community.

- Over half of unscheduled emergency visits in the North West LHIN are classified as non-urgent or less-urgent (51.0% compared to 42.7% provincially in 2010-11). This rate has improved slightly over
  each of the last three years from 56.8% in 2008-09; and
- The rate of emergency visits that could be treated in alternative primary care settings is more than double that of the province (57.2/1,000 population age 1-74 versus 23.3/1,000 population age 1-74 for 2010-11). The North West LHIN rate has decreased somewhat from 2008-09 when it was 63.7/1000 population age 1-74[11].

If we can develop a comprehensive system-wide strategy to improve access to timely, quality primary care, and better integrate primary care within the full continuum of care, we will reduce the burden on our hospitals, conserve precious health care resources, and provide people in our region with a higher level of care.

IMPLEMENTATION PLANS:

Implementation Plan	2013/14	2014/15	2015/16
Identify and support the implementation of the right primary care models/resources to improve access to care at the local, district and regional level across the North West LHIN (e.g. outreach, mobile services, home visits, after hours clinics, telehealth).	X	X	X
Promote continued uptake of the Health Care Connect program.	X	X	X
Collaborate with primary care providers to implement advanced access within practice settings across the Northwest region.	X	X	
Identify and implement strategies to support person-centred care that include effective integration and transitions of care across the continuum.	X	X	X
Work with primary care providers to identify and implement strategies that promote the use of clinical practice guidelines for targeted high impact clinical conditions (e.g. COPD, CHF, and diabetes).	X	X	X
Implement an integrated system-wide approach to self-management that supports chronic disease management in primary care.	X	X	X

Anticipated Results

- Higher percentage of the population with regular access to primary health care providers.
- More timely access to primary care services.
- Better communication and continuity of care between primary care, specialists and other health care sectors.
- Collaboration between LHIN and primary care providers on quality improvement initiatives targeted at reducing readmission rates for high impact clinical conditions.
- Fewer emergency department visits.
- Fewer avoidable admissions to hospital.

Alignment with the new provincial model of primary care recently announced by the Ministry of Health and Long-Term Care.

ii) Reducing Wait Times

In addition to lowering the number of emergency department visits, reducing the time people spend in the emergency department (ED) is an important priority for our LHIN. In this region:

- The total time spent in the emergency department for 9 out of 10 patients requiring admission to a hospital bed was 29.13 hours in 2011-12, greater than the provincial 25-hour ED visit rate target[12];
- The total time spent in the emergency department for 9 out of 10 patients with complex conditions was 6.68 hours in 2011-12[13], less than the provincial 7-hour ED visit rate target; and
- The total time spent in the emergency department for 9 out of 10 patients with minor or uncomplicated conditions was 3.98 hours in 2011-12, less than the provincial 4-hour ED visit rate target[14].

By improving health system performance and providing care for the patient/client in the right setting, at the right time, by the right provider, the amount of time people wait for care in the emergency department will be reduced.

IMPLEMENTATION PLANS:

Implementation Plan	2013/14	2014/15	2015/16
Collaborate with primary care and health service providers to implement strategies that reduce unnecessary ED visits.	X	X	X
Implement innovative models of care that are community-based to avert admission to hospital at the local, district and regional levels (regional programs such as telehomecare, ambulatory clinics, integrated rehab services).	X	X	X
Implement quality improvement initiatives that focus on reducing emergency department wait times to provincial targets at the local, district and regional level.	X	X	X
Evaluate system-wide patient/client satisfaction with the care experience.	X	X	X

Anticipated Results

- Fewer unnecessary emergency department visits.
- Fewer avoidable admissions to hospital.
- Less emergency department waiting time before admission
- Improved patient/family satisfaction with the care experience.

Achievement of emergency department wait time targets as identified in Ministry-LHIN Performance Agreement (MLPA).

iii) Reducing Percentage of Alternate Level of Care (ALC) Days

When patients have received the hospital treatment they need and no longer require acute care, but continue to occupy an acute care bed, they are defined as waiting for Alternate Level of Care (ALC). These individuals could be receiving better care in an alternate setting at a lower cost, and experiencing better health outcomes.

- The percentage of Alternate Level of Care days in 2011-12 was 18.59%, the third highest in the province[15];
- In 2011-12, seniors over the age of 65 accounted for 78% of Alternate Level of Care patients discharged from hospital, and 81% of Alternate Level of Care days in hospital[16]; and
- For Alternate Level of Care patients over 65 years of age in 2011-12, the most common discharge destination was to complex continuing care (35.8%), followed by home with support (20.9%), rehabilitation (15.1%), and long-term care (11.9%)[17].

Reducing the number of days that individuals wait as Alternate Level of Care is a key provincial priority, and it is a key priority in Northwestern Ontario. The end goal is to avoid time spent by individuals waiting as Alternate Level of Care by increasing the coordination and integration of care across the health system, improving patient flow along the continuum of care, and investing in programs that support individuals to return home after their hospital stay.

IMPLEMENTATION PLANS:

Implementation Plan	2013/14	2014/15	2015/16
Implement strategies to improve discharge planning processes and sustain *Home First* at the local, district and regional level.	X	X	
Implement the long-term care services model for the North West LHIN at the local, district and regional level.	X	X	X
Implement recommendations from Ontario's Seniors Strategy aimed at improving the quality of transitions in care at the local, district and regional level.	X	X	

Anticipated Results

- Maintaining the gains made in reduction of Alternate Level of Care days through the implementation of a *Home First* philosophy.
- Reduced number of Alternate Level of Care days in hospital and increased numbers of days spent at home by residents of the North West LHIN.
- Better transitions in care and patient flow across the health care system.

Achievement of Alternate Level of Care targets as identified in Ministry-LHIN Performance Agreement (MLPA).

iv) Improving Access to Specialty Care and Diagnostic Services

It is imperative when patients require procedures such as hip or knee replacement or diagnostic imaging that they receive these procedures within a medically appropriate wait time. However, patients who live in the rural areas that make up so much of our LHIN, must frequently travel long distances to places like Thunder Bay, Winnipeg or beyond in order to access some services. In the North West LHIN, in 2011-12:

- 9 out of 10 patients requiring cancer surgery received treatment in 37 days[18];
- 9 out of 10 patients requiring cataract surgery received treatment in 103 days[19];
- 9 out of 10 patients requiring hip replacement surgery received treatment in 194[20];
- 9 out of 10 patients requiring knee replacement surgery received treatment in 216 days[21];
- 9 out of 10 patients requiring a diagnostic MRI scan received treatment in 78 days[22]; and
- 9 out of 10 patients requiring a diagnostic CT scan received treatment in 40 days[23].

The target wait times for 2012-13 can be found in Figure 5, Chapter 6.

Reducing wait times for surgical procedures and diagnostic imaging is a priority focus of the North West LHIN.

IMPLEMENTATION PLANS:

Implementation Plan	2013/14	2014/15	2015/16
Identify, monitor and report wait times for procedures included in the Wait Times Strategy.	X	X	X
Develop and implement the regional surgical service program.	X	X	
Support application of clinical processes and pathways aimed at improving the flow of patients through the continuum of specialty care with a focus on appropriateness of care.	X	X	
Implement innovative models that enable access to specialty care closer to home (e.g. technology).	X	X	X

Anticipated Results

- Shorter wait times for procedures included in the Wait Time Strategy.
- Creation of a regional surgical services program for the North West LHIN that is aligned with health funding reform and quality-based procedures.
- Creation of a regional diagnostic services plan.
- Fewer access barriers to specialty care and diagnostic services.

Alignment with Ontario's Wait Time Strategy.

v) Improving access to Mental Health and Addictions Services

The North West LHIN has challenges with access to mental health services for clients in crisis and for those requiring specialized care, transitional care, supportive housing and walk-in services. This is because of a lack of specialized services in most Northwestern Ontario communities. The rapid aging of our population is also increasing pressures on the health system related to dementia and associated responsive behaviours. In the North West LHIN:

- 11.6% of provincial clients of substance abuse programs are from the North West LHIN[24];
- The cost per individual served for community mental health and addictions is the second highest of all LHINs and is twice as high as the provincial average ($94 compared to $47 provincially)[25];
- Hospitalization rates for mental illness are double that of the province (865/100,000 population age 15+ compared to 409/100,000 population age 15+ provincially)[26];
- Admissions to inpatient adult mental health units are 1.8 times higher than the provincial average
  (58.9 per 10,000 population, compared to 33.0 per 10,000 population provincially)[27];
- Adult inpatient days on mental health units are 1.3 times higher than the provincial average (689 days per 10,000 population, compared to 528 per 10,000 population provincially)[28]; and
- There are high rates of Neonatal Abstinence Syndrome (NAS) in births to North West LHIN females (2.7% of births to North West LHIN residents had NAS, compared to 0.2% provincially)[29].

Over the next three years, the North West LHIN will engage health service providers to help build a robust integrated mental health and addictions system. This will include building community capacity to deal with dementia and responsive behaviours in older adults by continuing the work of the Behavioural Supports Ontario Strategy.

IMPLEMENTATION PLANS:

Implementation Plan	2013/14	2014/15	2015/16
Implement an integrated mental health and addictions model of care at the local, district and regional level beginning with:	X	X	X
• Behavioural Supports; and	X	X	X
• Schedule 1 access.	X	X	
Develop and implement standardized regional care pathways for:			
• substance abuse;	X		
• mood disorders; and	X	X	
• schizophrenia.		X	X
Develop and implement regional crisis and stabilization plans and ensure adequate capacity for these services in each region.		X	X
Implement shared care models to improve access to primary care for mental health diseases and disorders.	X	X	X
Develop and implement a health data improvement plan for the North West LHIN, including the introduction of system outcome measures.		X	X

Anticipated Results

- Creation of an integrated model of care for mental health and addictions services.
- Better system-wide care pathways for mental health diseases and disorders.
- Reduced reliance on emergency departments and hospital admissions for mental health diseases and disorders, and substance abuse.
- Improved primary care management of mental health diseases and disorders.
- Increased capacity to monitor the effectiveness of the community mental health, substance abuse and problem gambling health systems.

Alignment with Ontario's comprehensive Mental Health & Addictions Strategy and best practices.

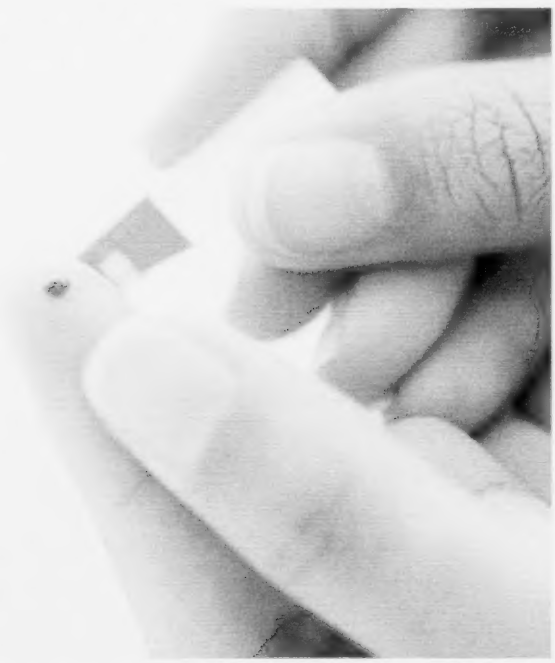
PRIORITY 4: ENHANCING CHRONIC DISEASE PREVENTION AND MANAGEMENT

Chronic diseases have a significant impact on population health, quality of the patient experience and efficient/effective use of the health system. That impact is felt keenly in this LHIN, where the burden of disease associated with diabetes, heart failure and chronic obstructive pulmonary disease exceeds the provincial average[30].

In the North West LHIN:

- Use of acute care for the management of chronic conditions is higher compared to the province;
- Readmission rates for diabetes, chronic obstructive pulmonary disease and congestive heart failure are high compared to the rest of the province;
- 27% of admissions for congestive heart failure and 23% of admissions for chronic obstructive pulmonary disease result in readmission for the same condition;
- It is recognized that people with end-stage chronic conditions are often not transitioned to palliative care[31]; and
- In the coming decade, the number of deaths in the North West LHIN will increase by 27% with the number of hospital deaths projected to increase by 36%. Many of these will be the result of end-stage chronic disease.

There are many opportunities to improve the current state of chronic disease management and improve population health through primary prevention efforts and greater collaboration across sectors. In particular, the quality improvement initiative led by Health Quality Ontario (bestPATH) has multiple resources including change packages, a web-based repository of best practices and links to innovative and leading edge practitioners. These resources will be leveraged as part of Ontario's Chronic Disease Prevention and Management (CDPM) Framework. Here in Northwestern Ontario, one key focus will be on reducing the use of acute care for chronic disease management by transitioning to improved access to care in the community.



IMPLEMENTATION PLANS:

Implementation Plan	2013/14	2014/15	2015/16
Facilitate initiatives to improve population health starting with: • an integrated falls prevention initiative with public health and partners; and • diabetes education and management.	 X X	 X	
Implement CDPM quality improvement initiatives in primary care and community-based care programs.		X	X
Implement an integrated approach to transitions in care for targeted high impact populations with • CHF; • COPD; and • diabetes.	 X X	 X	 X
Implement regional models of care for: • palliative care focusing on people with end-stage chronic conditions; • diabetes education and management; and • vascular health.	X X X X	X X X	X
Build self-management and health literacy capacity through ongoing support of self-management network initiatives.	X	X	X
Advance use of telehomecare for management of high impact chronic conditions.	X	X	X

Anticipated Results

- Reduced reliance on acute services for chronic disease with improved chronic disease management in the community and the expansion and integration of primary prevention initiatives.
- Increased uptake of targeted evidence-based practices for chronic disease management in primary care and community-based programs.
- Creation of integrated regional programs for chronic disease management, starting with congestive heart failure, diabetes education and management, and palliative care.
- Increased self-management capacity amongst clinicians and the people in the North West LHIN.
- More innovative use of technology to improve access to quality care close to home.

Alignment with provincial Chronic Disease Prevention and Management Framework and best practices.

CHAPTER 6 – How Success will be Measured

Performance management is an integral part of quality improvement and system integration. As such, the North West LHIN continues to focus on indicator development and reporting to support local planning and provincial strategies.

The North West LHIN Board of Directors is accountable, through its Chair, to the Minister of Health and Long-Term Care for our use of public funds and for the results we achieve in terms of goals and performance of the local health system.

The North West LHIN's Ministry-LHIN Performance Agreement (MLPA) identifies specific performance targets related to the performance of the local health system which the LHIN monitors, works with health service providers to achieve, and reports on a quarterly basis. Targets for health service providers funded by the North West LHIN are outlined in individual Health Service Provider Service Accountability Agreements and are reported to the North West LHIN quarterly.

Figure 5 outlines the indicators and associated target ranges identified in the current MLPA. North West LHIN priority areas corresponding to these measures are identified. It is important to note that while these targets provide important information and fulfill requirements of agreements between the Ministry of Health and Long-Term Care, the North West LHIN and Health Service Providers, there are other measures that will be used to support and guide plans to address the local priority issues outlined in Chapter 5. The North West LHIN will continue to support provincial initiatives, including targets resulting from MOHLTC strategies, as developed.

FIGURE 5. NORTH WEST LHIN INDICATORS AND TARGETS; MINISTRY-LHIN PERFORMANCE AGREEMENT

Indicator	2012-13 Baseline	2012-13 Target	Priority
Surgical & Diagnostic Wait Times			
90th Percentile Cancer Surgery Wait Time	37 days	45 days	Improving Access to Care
90th Percentile Cataract Surgery Wait Time	103 days	115 days	Improving Access to Care
90th Percentile Hip Replacement Surgery Wait Time	194 days	176 days	Improving Access to Care
90th Percentile Knee Replacement Surgery Wait Time	216 days	182 days	Improving Access to Care
90th Percentile Wait Time for Diagnostic MRI Scan	78 days	59 days	Improving Access to Care
90th Percentile Wait Time for Diagnostic CT Scan	40 days	28 days	Improving Access to Care
Emergency Room (ER) / Alternate Level of Care (ALC)			
Percentage ALC Days	18.59%	19.00%	Improving Access to Care, Integrated Health Care System
90th Percentile ER Length of Stay for Admitted Patients	29.1 hours	25.0 hours	Improving Access to Care, Integrated Health Care System
90th Percentile ER Length of Stay for Non-Admitted Complex Patients	6.7 hours	6.5 hours	Improving Access to Care, Integrated Health Care System

90th Percentile ER Length of Stay for Non-Admitted Low acuity Patients	4.0 hours	4.0 hours	Improving Access to Care, Integrated Health Care System
Readmission Rate within 30 days for Selected Case Mix Groups	16.9%	16.0%	Improving Access to Care, Integrated Health Care System, Enhancing Chronic Disease Prevention & Management
Access to Community Care			
90th Percentile Wait Time from Community Setting to First CCAC Service (excluding case management)	32 days	30 days	Improving Access to Care
Mental Health and Substance Abuse			
Rate of Repeat Unscheduled ED Visits Within 30 Days for Mental Health Conditions	18.2%	16.4%	Improving Access to Care, Integrated Health Care System
Rate of Repeat Unscheduled ED Visits Within 30 Days for Substance Abuse Conditions	28.4%	26.6%	Improving Access to Care, Integrated Health Care System

CHAPTER 7 – What Success will Look Like

Ongoing community engagement will continue to shape our plans and advise of our progress to achieve our stated goals and outcomes.

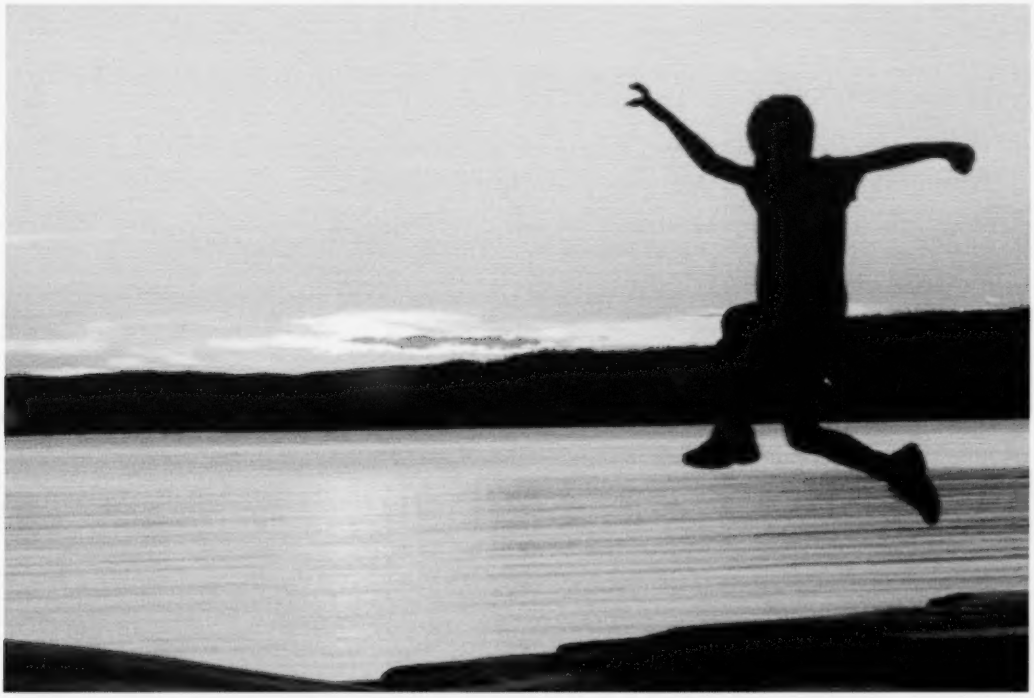
There will also be a more qualitative, impression-driven approach that we will use to determine if this IHSP III has advanced the North West LHIN's Strategic Directions.

Over the next three years, the North West LHIN plans to:

1. Improve communication and coordination within and between health care providers, and health care sectors;
2. Focus on improving health outcomes;
3. Promote the adoption of best practices;
4. Ensure that all individuals, including those who are traditionally marginalized, are being considered and cared for in culturally-appropriate ways;
5. Empower individuals to take an active role in their health care;
6. Integrate services in order to utilize our resources most efficiently.

The North West LHIN will identify, develop and advance key success indicators, which will evolve over the next three years.

By achieving the six key objectives above, the North West LHIN will progress significantly closer to achieving our vision for health care in this region: *Healthier people, a strong health system - our future.*



APPENDIX A SUPPORTING DOCUMENTS

Community Engagement Reports and Resources

i. Community Engagement Strategy
   a. Health Services Blueprint Summary Report
   b. Full Report
ii. Mental Health and Addictions Forum, Diversity Summary
iii. What Makes a Successful Interprofessional Team

Data Reports

i. Integrated Health Service Plan 2013-2016 Common Environmental Scan : A Review of Selected Information about Ontario's Local Health Integration Networks. Sept. 2012.
ii. North West LHIN Population Health Profile, Summer 2011.
iii. Health Profiles for the five Integrated District Networks, June 2012:
   a. Health Profile - Northern Integrated District Network
   b. Health Profile - Kenora Integrated District Network
   c. Health Profile – Rainy River Integrated District Network
   d. Health Profile – City of Thunder Bay Integrated District Network
   e. Health Profile – Thunder Bay District Integrated District Network

Reports

i. North West LHIN Health Services Blueprint
ii. Forestry and Health: An Exploratory Study of Health Status and Social Well-Being Changes in Northwestern Ontario Communities - update

Plans and Resources

i. Emergency Department/Alternate Level of Care
ii. eHealth Information and Communication Technology Blueprint – Tactical Plan
iii. eHealth Ontario Strategy (2013-2016)
iv. Priority-Setting/Decision-Making Framework
v. Accomplishments Document – 2010/2011
vi. Accomplishments Document – 2011/2012

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[1] MOHLTC. Integrated Health Service Plan 2013-2016 Common Environmental Scan: A Review of Selected Information about Ontario's Local Health Integration Networks. Sept. 2012.

[2] PricewaterhouseCoopers. North West LHIN Health Services Blueprint: Building Our Future. March 2012.

[3] The former Kenora District sub-LHIN area is now split into two Integrated District Networks (IDNs) – Kenora IDN and Northern IDN. The Northern IDN encompasses the northern part of the Kenora District Census Division including Sioux Lookout, Pickle Lake and First Nations communities north of Sioux Lookout.

[4] 2011 Census population adjusted for missing enumeration of 13 First Nations communities.

[5] Assembly of First Nations. Regional Health Survey: Our Voice, Our Survey, Our Reality. Selected Results from RHS Phase 1 (2002/03). Ottawa. ON.

[6] Health Canada. Statistical Profile on the Health of First Nations in Canada for the Year 2000, 2003.

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[10] PricewaterhouseCoopers. North West LHIN Health Services Blueprint: Building Our Future, Appendix 7: Quantitative Analysis, pg. 37. March 2012.

[11] MOHLTC. Integrated Health Service Plan 2013-2016 Common Environmental Scan: A Review of Selected Information about Ontario's Local Health Integration Networks. Sept. 2012.

[12] Ontario Ministry of Health and Long-Term Care. 2012. North West LHIN Performance Indicators, 2011-12 Annual Report. May 14, 2012 Release.

[13] ibid

[14] ibid

[15] ibid

[16] MOHLTC. Integrated Health Service Plan 2013-2016 Common Environmental Scan: A Review of Selected Information about Ontario's Local Health Integration Networks. Sept. 2012.

[17] ibid

[18] Ontario Ministry of Health and Long-Term Care. (2012). North West LHIN Performance Indicators, 2011-12 Annual Report. May 14, 2012 Release.

[19] ibid

[20] ibid

[21] ibid

[22] ibid

[23] ibid

[24] CAMH, Drug and Alcohol Treatment Information System (DATIS). Substance Abuse Statistical Tables. 2011-12.

[25] MOHLTC, OHRS. Cognos DW Cube. 2011-12.

[26] MOHLTC. Integrated Health Service Plan 2013-2016 Common Environmental Scan: A Review of Selected Information about Ontario's Local Health Integration Networks. Sept. 2012.

[27] MOHLTC. OMHRS, fiscal year 2011-12. intellihealth Ontario.

[28] Ibid

[29] PricewaterhouseCooper. North West LHIN Health Services Blueprint: Building Our Future, Appendix 7 Quantitative Analysis. March 2012.

[30] PricewaterhouseCoopers. North West LHIN Health Services Blueprint: Building Our Future. March 2012.

[31] MOHLTC. Advancing High Quality, High Value Palliative Care in Ontario: Declaration of Partnership and Commitment to Action. 2011.

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